MAILING ADDRESS
IDAHO REAL ESTATE COMMISSION
PO BOX 83720
BOISE ID 83720-0077
http://www.irec.idaho.gov

STATE OF IDAHO
REAL ESTATE COMMISSION

OFFICE & EXPRESS MAIL ADDRESS
633 N 4TH ST; BOISE ID 83702
TEL: (208) 334-3285; FAX: (208) 334-2050
TRS: (800) 377-3529
Toll Free in Idaho (866) 447-5411

For Commission Use Only
Date Posted:_____
By: _____

NOTICE OF OPENING A TRUST ACCOUNT

(A separate form must be used for each real estate trust account opened by a broker.)

Idaho Code, 54-2041, requires that all funds belonging to others received by a broker in connection with a real estate transaction be deposited into the broker's real estate trust account established in an approved neutral depository. Idaho Code, 54-2042(6), requires that the broker notify the Commission of the opening of each trust account and authorize the Commission to inspect the account. When you establish an account in an approved bank, title company, or other approved depository, please complete and return this form to the office of the Idaho Real Estate Commission at the address shown above.

BROKER INFORMATION

Broker's Name: _____

Business Name and Mailing Address: _____

TRUST ACCOUNT DEPOSITORY INFORMATION

Name of Bank, Title Company, or Other Trust Account Depository: _____
Mailing Address of Depository: _____

Account #: _____   Phone #: _____   Fax #: _____

Is this a special interest bearing account? (check one)   ☐ yes   ☐ no
If yes, transaction # and expected closing date: _____
Account Closed: Date _____   Signature _____

AGREEMENT & AUTHORIZATION TO INSPECT

1. The above named approved depository hereby agrees that the above named broker has **complete** control as to deposits and disbursements to this account. Idaho Code—54-2042(2), 54-2042(3), 54-2042(4), and 54-2042(5)

2. This depository agrees to send **monthly** statements to the above named broker with a breakdown of deposits and disbursements since the last statement.

3. The Idaho Real Estate Commission and/or its authorized representative has permission to examine all records pertaining to the above account(s) as they may request.

Authorized by and Agreed to: _____   Date:_____
(Signature of Broker)

Authorized by and Agreed to: _____   Date:_____
(Signature and Title of Official of Depository)